PTO/SB/21 (09-04)
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		Application Number	nformation unless it displays a valid OMB control 09/346,794		
TRANSMITT	ΔΙ	Filing Date	July 2, 1999		
FORM	7 <b>1. See</b>	First Named Inventor	Terry P. SNUTCH		
		Art Unit	1646		
(to be used for all correspondence after initial filing)		Examiner Name	Nirmal Singh Basi		
Total Number of Pages in This Submission 18		Attorney Docket Numb			
EN	ICLOSURES	(Check all that app	nly)		
X Fee Transmittal Form (1 page plus duplicate for fee processing)	Drawing(s)		After Allowance Communication to TC		
Fee Attached	Licensing-rel	lated Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (9 pages) plus Exhibit A (5 pages)		
After Final	Petition to Co		Proprietary Information		
Affidavits/declaration(s)		rney, Revocation prrespondence Address	Status Letter		
Extension of Time Request	Terminal Dis	claimer	Other Enclosure(s) (please Identify below):		
Express Abandonment Request	Request for	Refund	Request for Oral Hearing (1 page) Return Receipt Postcard		
Information Disclosure Statement	CD, Number	of CD(s)			
Certified Copy of Priority Document(s)	Landso	cape Table on CD			
Reply to Missing Parts/ Incomplete Application	Remarks		· · · · · · · · · · · · · · · · · · ·		
Reply to Missing Parts under 37 CFR 1.52 or 1.53		CUSTOMER	R NO.: 25225		
<del></del>	URE OF APPLICA	ANT, ATTORNEY, OR	AGENT		
m Name MORRISON & FOE	RSTER LLP				
gnature	Rey N. 39	(183			
inted name/ Kate H. Murashige					
January 30, 2006		Reg. No.	29,959		

sd-299556

PTO/SB/17 (12-04v2)

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DEM	Effective on 12/08/2004. Complete if Known									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur	nber	09/346,794					
FEE TRANSMITTAL			Filing Date	ing Date July 2, 1999						
			First Named Inv	ventor	Terry P. SNUTCH					
For FY 2005			Examiner Name Nirmal Singh Basi							
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1646						
TOTAL AMOUNT OF PA	Attorney Docket No. 381092000720			) ·						
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
X Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEAR	CH. AND EXAM	MINATION FEES								
,			ARCH FEES	EXAMI	NATION FEES					
Application Type		Small Entity Fee (\$) Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Pa	aid (\$)			
Utility	<u>Fee (\$)</u> 300	Fee (\$) Fee (\$		200	<u>Fee (\$)</u> 100	i ces r	aid (#)			
,	200	100 100		130	65					
Design Plant	200	100 100		160	80		<del></del>			
				600						
Reissue	300	150 500			300					
Provisional	200	100 0	0	0	0					
2. EXCESS CLAIM FEES  Small Entity Fee (\$) Fee (\$)										
Fee Description Each claim over 20 (incl	uding Reissues)	)				50	25			
Each independent claim over 3 (including Reissues)						200	100			
Multiple dependent clain	าร					360	180			
Total Claims Ext	Total Claims				Multiple Dependent Claims					
- 20 =	x _	=	<del></del>	<u>Fe</u>	<u>ee (\$)                                      </u>	ee Paid (\$)				
Indep. Claims Ext	ra Claims F	ee (\$) Fee	Paid (\$)				-			
-3 =										
3. APPLICATION SIZE F										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 (round <b>up</b> to a whole number) x =										
4. OTHER FEE(S)						Fees F	<u>Paid (\$)</u>			
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 2403 Request for oral hearing 500.00										
SUBMITTED BY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
gnature (858) 720-5112 gnature (858) 720-5112						-5112				
Name (Print/Type) Kate H. Murashige Date January 30, 2006							0, 2006			
A.										